

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

09/937357

BEST AVAILABLE COPY

Replaced, not canceled in previous Am I

Claim	Final	Date
1	Original	3/22/94
2	✓	3/22/94
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Claim	Final	Date
51	Original	3/22/94
52	✓	3/22/94
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If more than 150 claims or 10 actions  
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